

Please type a plus sign (+) inside this box



PTO/SB/01 (10-00)

Please type a plus sign (+) inside this box

Under the Paperwork Reduction Act of 1995, no persons are required Approved for use through 10/31/2002. OMB 0651-0032 U.S. Peent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

### **DECLARATION FOR UTILITY OR DESIGN** PATENT APPLICATION (37 CFR 1.63)

□ Declaration Submitted OR

With Initial Filing

**⊠**Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

sepond to a collection of inform	ation un	less it contains a valid OMB control number.		
Attorney Docket Number First Named Inventor		12001-105		
		Bharti Temkin		
co	MPL	ETE IF KNOWN		
Application Number	09/8	344,635		
Filing Date	04/2	28/01		
Group Art Unit	267	1		
Confirmation No.	159	1		

As a below named inventor, I hereby declare that:									
My residence, post office	My residence, post office address, and citizenship are as stated below next to my name.								
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
HAPTIC VIRTUAL ENVIRONMENTS									
the specification of which	(Title of th	ne Invention)			_				
☐ is attached hereto									
OR									
was filed on (MM/DD/	<sup>YYYY)</sup> 04/28/01	as United States Ap	oplication Number o	r PCT Internationa	al				
Application Number	09/844,635 and	was amended on (MM/DD/Y	YYY)	(	if applicable).				
I hereby state that I have review specifically referred to above.	ved and understand the conte	nts of the above identified sp	ecification, including	the claims as an	nended				
I acknowledge the duty to discleapplications, material information international filing date of the control of	on which became available be	tween the filing date of the p							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application		Foreign Filing Date							
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO				
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
ApplicationNumber(s)	Filing Date (	MM/DD/YYYY)							
60/200,407	04/28/00		numbers ar a suppleme	provisional appli re listed on ental priority dat B attached here	a sheet				

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

# **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:		26486	OR	☐ Correspondance address below `			
Name							
Address							
Address							
City							
Country	Telephone			Fax			
I hereby declare that all statements made helieved to be true; and further that these s punishable by fine or imprisonment, or both application or any patent issued thereon.	statements were made w	with the knowledge that willfu	ul false staten	ments and the like so made are			
NAME OF SOLE OR FIRST INVENT	OR:	☐ A petition has be	en filed for	r this unsigned inventor			
Given Name Bharti	-li	Family Name or Surname Temki	in 				
Inventor's Signature							
Residence: City	State Texas	Country		Citizenship			
Ransom Canyon	us		US				
Mailing Address C/o Texas T Department	•	ransfer and Intellectual	Property				
Mailing Address P.O. Box 42	2007						
City State	,	ZIP	Country				
Lubbock Texas	s	79409-2007	us				
NAME OF SECOND INVENTOR:		☐ A petition has been	n filed for t	his unsigned inventor			
Given Name Eric		Family Name or Surname Acos					
Inventor's Signature	Aesom	Date 8/8/0	) (				
Residence: City	State	Country		Citizenship			
Lubbock	us		us				
Mailing Address c/o Texas Tech	n University – Trans	sfer and Intellectual Pro	perty Dep	artment			
Mailing Address P.O. Box 42007							
City State		ZIP		Country			
Lubbock Texas		79409-2007		us			
Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							



#### AUG 2 4 2001

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

Approved for use through 10/31/2002. OMB 0651-0035

S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no versions are required to a collection of information unless it displays a valid OMB

### **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

CR	_	
Application Number	09/844,635	
Filing Date	04/28/2001	
First Named Inventor	Bharti Temkin	
Group Art Unit	2671	
Confirmation No.	1591	
Attorney Docket Number	12001-105	

l hereby ap	point:	_			ſ			
☑ Practitioners at Customer Number 26486			-	Place Customer Number Bar Code				
<i>OR</i> ☐ Practitio	ner(s) nam	ned below:			Į.	Label he	re	
	nior(o) nan	Name			Registration	n Number		]
						<del></del>		1
-		:		-	<u>.</u>			i
-				<del>                                     </del>				1
-				<del>                                     </del>			<del>-</del>	•
L								<u>.</u>
		or agent(s) to prose ected therewith.	cute the application ide	entified	above, and to tr	ansact all	business in	the Patent and
Please chan	ge the con	espondence addre	ess for the above-identi	fied ap	plication to:			
_	-	ed Customer Numb		•	•			
OR								
Firm <i>or</i>	al Name							
Address								
Address								
City			s	tate		ZIP		
Country	_							
Telephone				Fax				
I am the:		•			. <u>.</u>			
Applic	ant.							
☐ Assign	nee of reco	rd of the entire inter	rest. See 37 CFR 3.71					
Certific	ate under .	37 CFR 3.73(b) is e	nclosed. (Form PTO/S	B/96).				
		SIG	NATURE of Applican	t or As	ssignee of Reco	rd		
Name	Bharti Te	emkin						
Signature	X7		Tenti					
Date		8/8/01						
			assignees of record ognature is required, s			their repr	esentative	(s) are required.
*Total of			griature is required, s	ee ne				

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	09/844,635				
Filing Date	04/28/2001				
First Named Inventor	Bharti Temkin				
Group Art Unit	2671				
Confirmation No.	1591				
Attorney Docket Number	12001-105				

I hereby a	ppoint:							
☑ Practitioners at Customer Number 26486			<b></b>	Place Cus Number E	Bar Code			
OR □ Practiti	oner(s) nan	ned helow:			l	Label her	e	
Fraction	oner(s) nan	Name		$\neg$	Registration	n Number		
					rtogistidat			
				-				
				+	<del></del>			
		·						
		or agent(s) to prose nected therewith.	ecute the application i	dentified	above, and to tr	ransact all b	ousiness in t	the Patent and
Please char	nge the con	respondence addre	ess for the above-iden	itified ap	plication to:			
	_	ed Customer Num		•	•			
OR								
Firm <i>or</i> Individu	al Name							
Address			<u>-</u>					
Address								
City				State		ZIP		
Country					· · · -	•		
Telephone				Fax	***			
I am the:								<del></del>
Applic	cant.							
Assignee of record of the entire interest. See 37 CFR 3.71.								
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
SIGNATURE of Applicant or Assignee of Record								
Name	Eric Aco	sta			<u> </u>			
Signature	Signature Tustr							
Date 4/8/01								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.								
		if more than one s re submitted.	ignature is required,	see be	low*.			<del></del>
LOI TOTAL OF	Z IOITIS A	e submitted.						

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.